

GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2): <input type="checkbox"/> RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO: TELEPHONE NO.: _____ FAX NO.: _____	FOR RECORDER'S USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<div style="text-align: center;">NOTICE REGARDING PAYMENT OF SUPPORT</div> <input type="checkbox"/> NOTICE OF ASSIGNED SUPPORT <input type="checkbox"/> SUBSTITUTION OF PAYEE	CASE NUMBER:

1. The Obligor (the judgment debtor) in this proceeding is (*name and last known address*):

2. ☐ The district attorney is providing services in this proceeding pursuant to Title IV-D of the Social Security Act.
3. ☐ The district attorney is no longer providing services as follows:
 - a. ☐ No longer enforcing current support only. Arrears will continue to be paid to the district attorney.
 - b. ☐ No longer providing any services.
4. ☐ The district attorney gives notice under Family Code section 4506.3 that
 - a. ☐ the judgment debtor shall make all current support payments in this proceeding to (*specify*):
 - b. ☐ the judgment debtor shall make all payments on arrearages in this proceeding to
 - (1) ☐ the payee named in item 4a.
 - (2) ☐ other (*specify*):
 - c. ☐ the governmental agency specified above is substituted as payee.
 - d. ☐ an abstract of support judgment or support judgment was originally recorded in the county of (*specify*):
on (*date*): _____ at (*Recorder's identification number*): _____
5. ☐ **NOTICE OF ASSIGNMENT:** An assignment of support rights by operation of law has been made to the county named above pursuant to Welfare and Institutions Code section 11477(a).
6. ☐ **NOTICE OF SUPPORT COLLECTION:** For purposes of collection only, the governmental agency identified above is assignee of record of all support obligations as specified below and that agency will appear in this case to enforce
 - a. ☐ all support obligations
 - b. ☐ support arrears only
 - c. ☐ medical obligations as required by federal law.

THE SUBSTITUTED PAYEE MUST BE CONTACTED WHEN NOTICE TO A LIENHOLDER MAY OR MUST BE GIVEN.

(Continued on reverse)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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7. ☐ Both parents shall complete a *Child Support Case Registry* (form 1285.92) and send (deliver or mail) it to the district attorney within 10 days of being served with this notice. The parents shall notify the district attorney of any change in the information by submitting an updated form within 10 days of the change.

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE)

ACKNOWLEDGMENT
(To be completed only when this form is recorded.)

STATE OF CALIFORNIA
COUNTY OF

On _____, before me,
Notary Public, personally appeared:

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(SIGNATURE OF NOTARY)

(Seal)